
	<u>SUBJECT</u> HANDLING MENTALLY ILL PERSONS		<u>NUMBER</u> 405/55
	EFFECTIVE DATE: 08-26-09	AMENDS: 07-11-08	RESCINDS:
DISTRIBUTION: Administration, CID, Patrol, Communications, Clerical		REFERENCES: CALEA 1.2.5 / IACLEA 1.2.5 / TPCFA 7.03.1 Texas Health & Safety Code § 573	

.10 DEFINITIONS - MENTAL ILLNESS SITUATIONS:

- A. EMERGENCY ADMISSION: A statutorily prescribed process ([Texas Health & Safety Code § 573.001](#)) by which a peace officer, who has probable cause to believe that a person is mentally ill and is therefore likely to injure himself or others if not immediately restrained, may obtain a warrant from any magistrate and take such person into custody and immediately transport such person to the nearest appropriate hospital for temporary detention.
- B. MENTAL HOSPITAL: A hospital whose facilities provide in – patient care and treatment for the mentally ill.
- C. MENTALLY ILL PERSON: A person who displays symptoms of substantially impaired mental health and who is in danger of causing injury to himself or to the person or property of others or is in danger of being injured by others.
- D. MENTAL PATIENT: A person admitted or committed to any mental hospital or a person under observation, care, or treatment in a mental hospital.
- E. VOLUNTARY HOSPITALIZATION OR VOLUNTARY ADMISSION: A procedure in which the head of a mental hospital may admit as a voluntary patient any person for whom a proper application is filed, if he determines upon the basis of preliminary examination that the person has symptoms of mental illness and will benefit from hospitalization.

.20 GUIDELINES:

- A. ABSENCE OF VIOLATION: Neither insanity nor any other form of mental illness violates any criminal statute. In the absence of a criminal violation or suspected violation, persons encountered by officers will not be handled in the same manner as criminal suspects.

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B. OFFICER INTERVENTION: Although the law limits the degree to which an officer can intervene in situations involving a mentally ill person, the officer should respond and take lawful action in an attempt to:


1. Protect the public from harm caused by a mentally ill person;
2. Protect the mentally ill person from harm which he or others may cause;
3. Provide a stabilizing force in any conflicts which may arise from the actions of the mentally ill person; and,
4. Aid in acquiring proper medical attention for the mental ill person.

C. INTERVENTION APPROACH: Incidents involving a mentally ill person require tactful, patient, and understanding responses. To the extent reasonably possible an officer should:

1. Attempt to learn as much as possible about the individual and the situation, by talking with the mentally ill person, his family, his friends, and witnesses;
2. Regardless of the circumstances (e.g., verbal abuse directed at the officer), respond in an objective, unexcited, non – abusive, unthreatening manner in order to calm and control the subject; and
3. Not deceive the mentally ill person (Deception often thwarts the chance for trust and endangers the subject's potential for recovery. Trust enhances the opportunity for controlling the situation).

.30 PROCEDURES:


A. TWO OFFICERS: Whenever possible if it appears likely that a situation involving a mentally ill person will require immediate police intervention in order to prevent personal injury or extensive property damage, two officers should be dispatched initially. A lone officer who encounters such a situation should, whenever possible, request a back-up officer.

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- B. USE OF FORCE: If an officer must control and restrain a mentally ill person, the officer shall use the least amount of force necessary in accordance with the rules in [Operations Manual 402/47 Use of Force](#).
- C. ESCAPE FROM INSTITUTION: If the officer has reason to believe that a person may be a mental patient who has left institutional care without authorization, the officer should investigate and notify the institution and let the institution arrange for the patient's return.
- D. PROCEDURES: An officer should handle a mentally ill person who needs attention in the following manner:
 1. Attempt to locate responsible relatives or friends to attend to the needs of the mentally ill person;
 2. If asked for advice, the officer may provide information about the availability of voluntary hospitalization; or,
 3. If the mentally ill person has no friends or relatives who will take responsibility for him and he will not apply for voluntary hospitalization, the officer should refer the matter to the proper health authorities or to a magistrate.

.40 EMERGENCY DETENTION WITHOUT WARRANT:

- A. Any peace officer, who has reason to believe and does believe upon the representation of a credible person, or upon the basis of the conduct of a person, or the circumstances under which the person is found, that the person is mentally ill and because of such mental illness represents a substantial risk of harm to himself or others unless immediately restrained, which harm may be demonstrated either by the person's behavior or by evidence of severe emotional distress and deterioration in his mental condition to the extent that the person cannot remain at liberty, and who believes there is not sufficient time to obtain a warrant, may, without first obtaining a warrant, take such person into custody and immediately transport the person to the nearest appropriate inpatient mental health facility or other suitable detention facility and shall immediately file application with the

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facility for the person's detention. In no case shall a jail or other similar detention facility be deemed suitable except in an extreme emergency. Persons detained in a jail or other non-medical facility shall be kept separate from those persons charged with or convicted of a crime.

B. The Application To Facility For Emergency Detention Without a Warrant And Acceptance For Preliminary Examination is to be filled in and signed by a peace officer and also to be signed by a representative of the facility accepting the patient. (The Preliminary Examination form is merely for the brief detention period until an application for commitment can be filed in court.) The [application for Emergency Detention](#) shall contain the following information:

1. That the officer has reason to believe and does believe that the person evidences mental illness.
2. That the officer has reason to believe that the person has reason to believe and does believe that the person evidences a substantial risk of serious harm to himself or others, which risk of harm shall be specified and described;
3. That the officer has reason to believe and does believe that the risk of harm is imminent unless the person is immediately restrained;
4. That the officer's beliefs are based on specific recent behavior, overt acts, attempts, or threats, observed by or reliably reported to the officer, which behavior, acts, attempts, or threats shall be described in specific detail; and,
5. The names and relationship to the person, if any, of persons reporting or observing such recent behavior, acts, attempts, or threats.

C. Upon presentation of the application, the facility shall temporarily accept the person for the purpose of conducting a preliminary examination by a physician.

.50 **WARRANT OF COMMITMENT:** Warrants of commitment when needed will be coordinated the Criminal Investigations Division. When seeking a warrant of commitment an officer shall by affidavit or in person before the magistrate, indicate those specific facts and circumstances which would lead a reasonable person to believe



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that the subject suffers from mental illness and requires observation and treatment in a mental hospital for his own protection or the protection of others.